



YMCA of Central Stark County  
Association Service Center  
4700 Dressler Road NW  
Canton, OH 44718

Child Care Parent/Guardian:

Thank you for choosing the YMCA of Central Stark County for your Childcare needs. In order to ensure all families are able to utilize our care, we ask that the following procedure be followed for accessing assistance with childcare payments.

1. Application to Ohio Jobs and Family Services (ODJFS) childcare assistance is required before applying for the YMCA's Financial Assistance program. The link below directs you to the form for the application. (Choose the bottom left hand box) This form must be completed before your child begins care. <https://ssp.benefits.ohio.gov/apspssp/ssp.portal>
2. In order to start care as soon as possible and allow for ODJFS application processing time, the YMCA will scholarship your childcare fees at 60% off for a temporary 3 week time frame at maximum. If the approval or denial is received before this period, the account will be updated according to the findings.
3. If you receive approval for ODJFS assistance, please alert your Childcare Director of your approval and co-pay amount immediately in order to continue care.
4. If you receive a denial for ODJFS assistance, a denial letter is required to start the Financial Assistance application.

Attached is the YMCA's Financial Assistance application. Please feel free to begin this process while waiting for ODJFS approval/denial if you are interested in membership and programming as well.

Please contact your Childcare Director with any questions.

Thank you again for choosing the YMCA!

Child Care Business Office  
[ccbusiness@ymcastark.org](mailto:ccbusiness@ymcastark.org)  
234-215-3566

**OUR MISSION:** To put Christian principles into practice through programs that build healthy spirit, mind and body for all.  
**OUR PROMISE:** No one will be turned away from the YMCA due to an inability to pay.



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# WE'RE HERE TO HELP YOU

YMCA OF CENTRAL STARK COUNTY

## FINANCIAL ASSISTANCE PROGRAM

### APPLICANT INFORMATION

Name		DOB
Address		Zip
City		
Phone	Cell	
E-mail		
If applicant is under 18, Parent or Guardian's name (s):		
Phone	E-mail	

### ALL PERSONS LIVING IN THE HOUSEHOLD

Please mark each family member applying for assistance, including yourself.

Name	DOB	AGE	GENDER
<input type="checkbox"/> Parent/Adult			
<input type="checkbox"/> Parent/ Adult			
<input type="checkbox"/> Child			
<input type="checkbox"/> Child			
<input type="checkbox"/> Child			
<input type="checkbox"/> Child			
<input type="checkbox"/> other			
<input type="checkbox"/> other			

### TYPE OF ASSISTANCE REQUESTED:

NEW

RENEWAL

#### Membership

- Adult: Age 24 and over; includes children under 6
- Family: 2 Adults + dependent children through age 25 in household
- Youth: Ages 6-12
- Teen/Young Adult: Ages 13 - 23
- Senior: Age 65 and over
- Senior Couple: One adult age 65+

#### Programs

- Youth Sports
- Swim Lessons
- Gymnastics
- Team Program Fees
- Child Care Services
- Camp Tippecanoe

### YMCA MISSION:

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### OUR PROMISE

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# YMCA Financial Assistance

To qualify for On The Spot assistance, provide any of the following documents:

- HEAP (Ohio Home Energy Assistance Program)
- Ohio Department of Medicaid (medical benefits)
- Need card for each member & verification of current eligibility status.
- Ohio Department of Job and Family Services (Cash Assistance)
- Ohio Department of Job and Family Services (Food Assistance)
- Ohio Department of Job and Family Services (Child Care Assistance)
- Ohio Head Start
- SMHA Housing Voucher

To qualify for Traditional financial assistance, provide the following documents that may apply:

- 1040, 1040EZ or 1040A (Most recent)
- Most recent 30 days income of all wage earners in household
- Court Order Verification for Child Support
- Verification of any government assistance
- Current Social Security or Disability Documentation
- Proof of Employment
- Proof of college financial aid
- Proof of any other source of income

Please note if you are applying for Financial Assistance for child care or day camp all of the above options require a denial letter from the Department of Job and Family Services.

## TELL US MORE

Use this space to include any additional information or extenuating circumstances that were not included on the form.

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By my signature, I am requesting assistance from the YMCA due to my personal circumstances, and I certify that all the information provided is correct.

\_\_\_\_\_  
Signature Date

What is your preferred method of contact?: \_\_\_\_\_

## FOR OFFICE USE:

Item	Total per month	Total per year
Gross income (all wages and tips)		
Child Support		
Social Security Benefits		
Unemployment		
Government assistance		
Any other income		
Total annual income: \$ _____		

Approved: Yes \_\_\_\_\_ No \_\_\_\_\_

Amount assisted : \_\_\_\_\_%

Notes:

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date